

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | J.G. | | |
| O.I.P.E. CLASSIFIER | | 12 | 9/8/07 |
| FORMALITY REVIEW | N.F. | 50855 | 9/13 |
| RESPONSE FORMALITY REVIEW | MD | 5090 | 10-16-00 |
| | | 5090 | 2/2/2007 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 12/4/03 |
| 2 | 8/13/03 |
| 3 | 5/21/03 |
| 4 | 12/9/03 |
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| Claim | Date |
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| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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